

THREE-MONTH ASSESSMENT FORM FOR MEDICAL PRACTITIONERS FOR REGISTRATION WITH MALAYSIAN MEDICAL COUNCIL (MMC)

NOTE: Please use this form to assess practitioner's performances/abilities during the **THREE-MONTH** observation period.

EMPLOYEE NAME : _____
IDENTITY CARD/PASSPORT NO. : _____
DATE OF SUPERVISION : From _____ / _____ / _____ to _____ / _____ / _____.

INSTRUCTIONS:

For items listed below, please choose the most appropriate score using the rating scale as follows:

1	2	3	4	5
POOR	BORDERLINE	SATISFACTORY	GOOD	EXCELLENT

NO.	EVALUATION CRITERIA	1	2	3	4	5
1	QUANTITY OF WORK DONE					
2	QUALITY OF WORK					
3	COMMITMENT AND DEDICATION IN CLINICAL WORK					
4	PUNCTUALITY AND SELF DISCIPLINE					
5	ABILITY FOR CRITICAL AND ANALYTICAL THINKING					
6	INTERPERSONAL RELATIONSHIP & COMMUNICATION SKILLS					
7	TIME MANAGEMENT					
8	OVERALL RATING OF PERFORMANCE					
9	JOB KNOWLEDGE					
10	INITIATIVE					
11	DEPENDABILITY					
12	SAFE WORK PRACTICE					

NO.	EVALUATION CRITERIA	1	2	3	4	5
13	DECISION MAKING					
14	HUMAN RESOURCE MANAGEMENT					
15	CUSTOMER SERVICE					
16	TEAMWORK					
17	ATTENDANCE					

COORDINATOR/SUPERVISOR COMMENTS & RECOMMENDATIONS

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Performance report and recommendations have been discussed with the practitioner

SIGNATURE :
NAME :
DATE :
OFFICIAL STAMP :

DEAN/DIRECTOR COMMENTS & RECOMMENDATIONS

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SIGNATURE :
NAME :
DATE :
OFFICIAL STAMP :

SIX-MONTH ASSESSMENT FORM FOR MEDICAL PRACTITIONERS FOR REGISTRATION WITH MALAYSIAN MEDICAL COUNCIL (MMC)

NOTE: Please use this form to assess practitioner's performances/abilities during the SIX-MONTH observation period.

EMPLOYEE NAME :

IDENTITY CARD/PASSPORT NO. :

DATE OF SUPERVISION : From ___ / ___ / ___ to ___ / ___ / ___.

INSTRUCTIONS:

For items listed below, please choose the most appropriate score using the rating scale as follows:

1	2	3	4	5
POOR	BORDERLINE	SATISFACTORY	GOOD	EXCELLENT

NO.	EVALUATION CRITERIA	1	2	3	4	5
1	QUANTITY OF WORK DONE					
2	QUALITY OF WORK					
3	COMMITMENT AND DEDICATION IN CLINICAL WORK					
4	PUNCTUALITY AND SELF DISCIPLINE					
5	ABILITY FOR CRITICAL AND ANALYTICAL THINKING					
6	INTERPERSONAL RELATIONSHIP & COMMUNICATION SKILLS					
7	TIME MANAGEMENT					
8	OVERALL RATING OF PERFORMANCE					
9	JOB KNOWLEDGE					
10	INITIATIVE					
11	DEPENDABILITY					
12	SAFE WORK PRACTICE					

NO.	EVALUATION CRITERIA	1	2	3	4	5
13	DECISION MAKING					
14	HUMAN RESOURCE MANAGEMENT					
15	CUSTOMER SERVICE					
16	TEAMWORK					
17	ATTENDANCE					

COORDINATOR/SUPERVISOR COMMENTS & RECOMMENDATIONS

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Performance report and recommendations have been discussed with the practitioner

SIGNATURE :
NAME :
DATE :
OFFICIAL STAMP :

DEAN/DIRECTOR COMMENTS & RECOMMENDATIONS

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SIGNATURE :
NAME :
DATE :
OFFICIAL STAMP :